

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Adams

Died at *M^d Louchie* Town *Ches.* County *MARYLAND*

Date of death *1908* Month *1* Day *4* Age *Years* Months *Days*

Sex *Female* Color or Race *Black* Birth-place *Ches. Co. Md*

Occupation *None* Where Residing if not at place of death *M^d Louchie Md*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *James H Adams* Father's Birthplace *Ches. Co. Md*

Mother's Maiden Name *Maggie Summ* Mother's Birthplace *" "*

Name of person giving information *James H Adams* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *None*

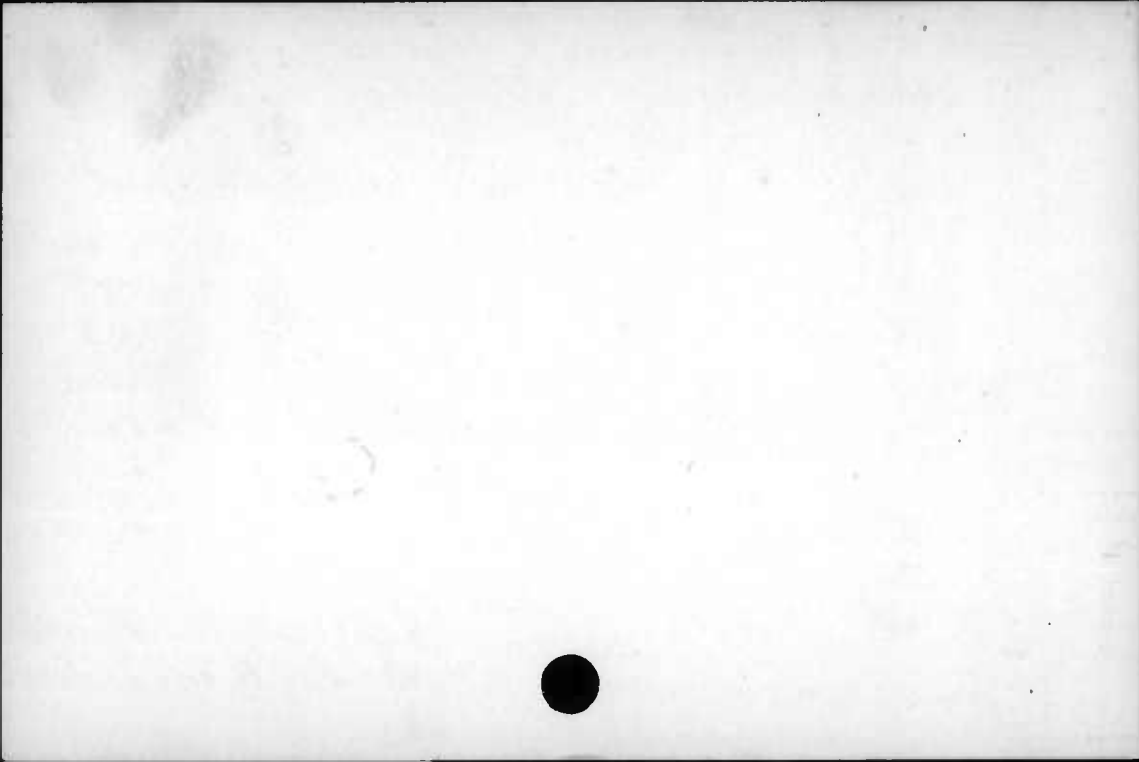
Address *W. F. Browner*

Accident or Suicide? *Neither* *Debut Reg. M^d Louchie Md*

W. F. Browne

Ink. Reg.

| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | | | |
|--|--|---|--|-----------------|--|--------|--|----------------------|--|--------|--|
| Arthur Barber | | Pisgah | | Charles | | | | MARYLAND | | | |
| Died at | | Date of death | | Month | | Day | | Years | | Months | |
| 1908 | | Jan. | | 25 | | Age | | 23 | | 10 | |
| Sex | | Color or Race | | Birth-place | | | | | | | |
| Male | | Colored | | Charles Co. Md. | | | | | | | |
| Occupation | | Where Residing if not at place of death | | | | | | | | | |
| Laborer | | | | | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | | | | | |
| Single | | | | | | | | | | | |
| Father's Name | | Father's Birthplace | | | | | | | | | |
| Richard Barber | | Charles Co. Md. | | | | | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | | | | | |
| Elizabeth Wheeler | | Charles Co. Md. | | | | | | | | | |
| Name of person giving information | | How related to deceased | | | | | | | | | |
| Richard Barber | | Father. | | | | | | | | | |
| <div>CAUSES OF DEATH</div> <div>27</div> | | | | | | | | | | | |
| Primary | | How long | | | | | | | | | |
| Tuberculosis Pulmonary | | 1 year | | | | | | | | | |
| Immediate | | How long | | | | | | | | | |
| Endocarditis. Septic-pyæmia | | 2 months | | | | | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | | | | | | | |
| Yes | | Geo. C. Bicknell | | | | | | | | | |
| | | Address | | | | | | | | | |
| | | Pisgah | | | | | | | | | |
| | | Md. | | | | | | | | | |
| Accident or Suicide? | | | | | | | | | | | |
| | | | | | | | | | | | |



Name
in
Full

Ollie Thomas Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

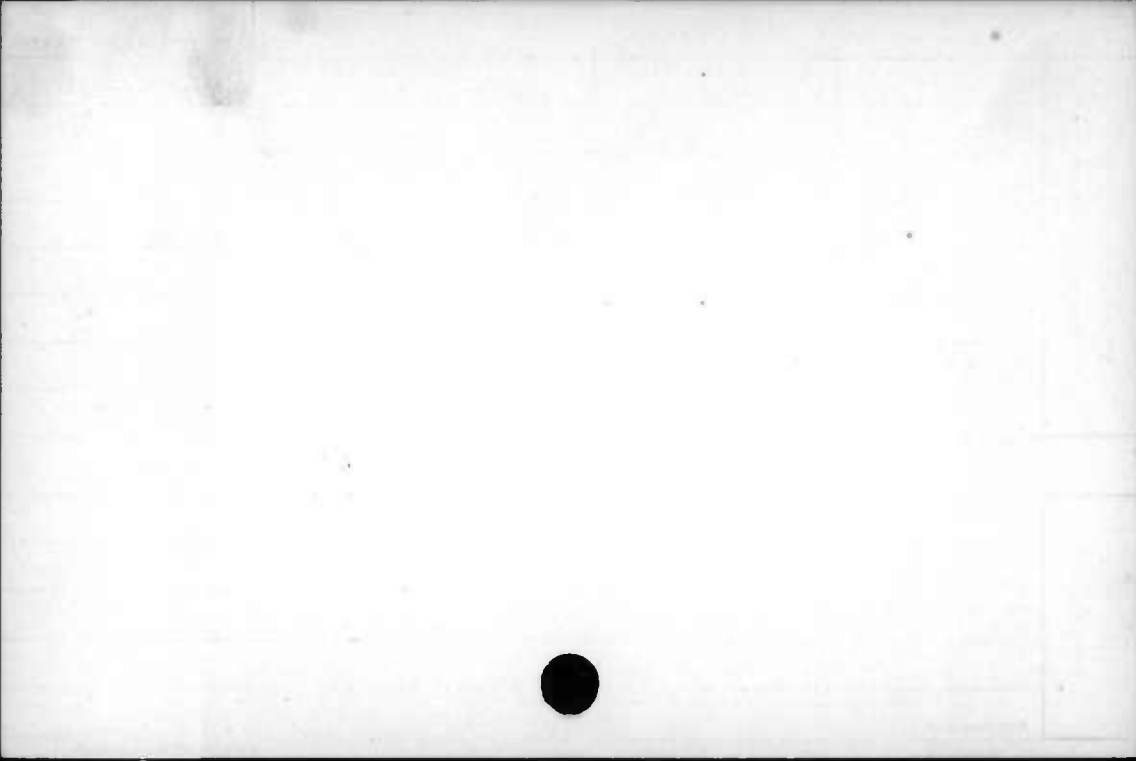
| | | | | | |
|--|-----------------------------|--|-------------------------|-------------------------|---------------------------|
| Died at <i>Wanamingo</i> ^{Town} | | <i>Charles</i> ^{County} | | MARYLAND | |
| Date of death | <i>1908</i> ^{Year} | <i>Jan</i> ^{Month} | <i>8</i> ^{Day} | Age | <i>4</i> ^{Years} |
| Sex | <i>male</i> | Color or Race | <i>Black</i> | Birth-place | <i>Ind</i> |
| Occupation | <i>—</i> | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed | <i>—</i> | Name of Wife or Husband <i>—</i> | | | |
| Father's Name | <i>Walter Barber</i> | | | Father's Birthplace | <i>Ind</i> |
| Mother's Maiden Name | <i>Annie Lawton</i> | | | Mother's Birthplace | <i>Ind</i> |
| Name of person giving information | <i>Walter Barber</i> | | | How related to deceased | <i>Father</i> |

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

| | | | |
|--|--------------|------------------------|-------------------------|
| Primary | <i>Croup</i> | How long | <i>3 to 4 days</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>James M. Wheeler</i> |
| | | Address | <i>Sub-Registrar</i> |
| Accident or Suicide? | <i>—</i> | | |



Name
in
Full

Not Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *White Plains*^{County} *Seam Charles*

MARYLAND

Date of death *1908 Jan*Day *27*Age *—* YearsMonths *—*Days *1*Sex *Male*Color or Race *Colored*Birth-place *Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Not Known*Father's Birthplace *—*Mother's Maiden Name *Rose Bean*Mother's Birthplace *Md*Name of person giving information *Lizzie Bean*How related to deceased *Grand mother*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONERPrimary *Malassimilation*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

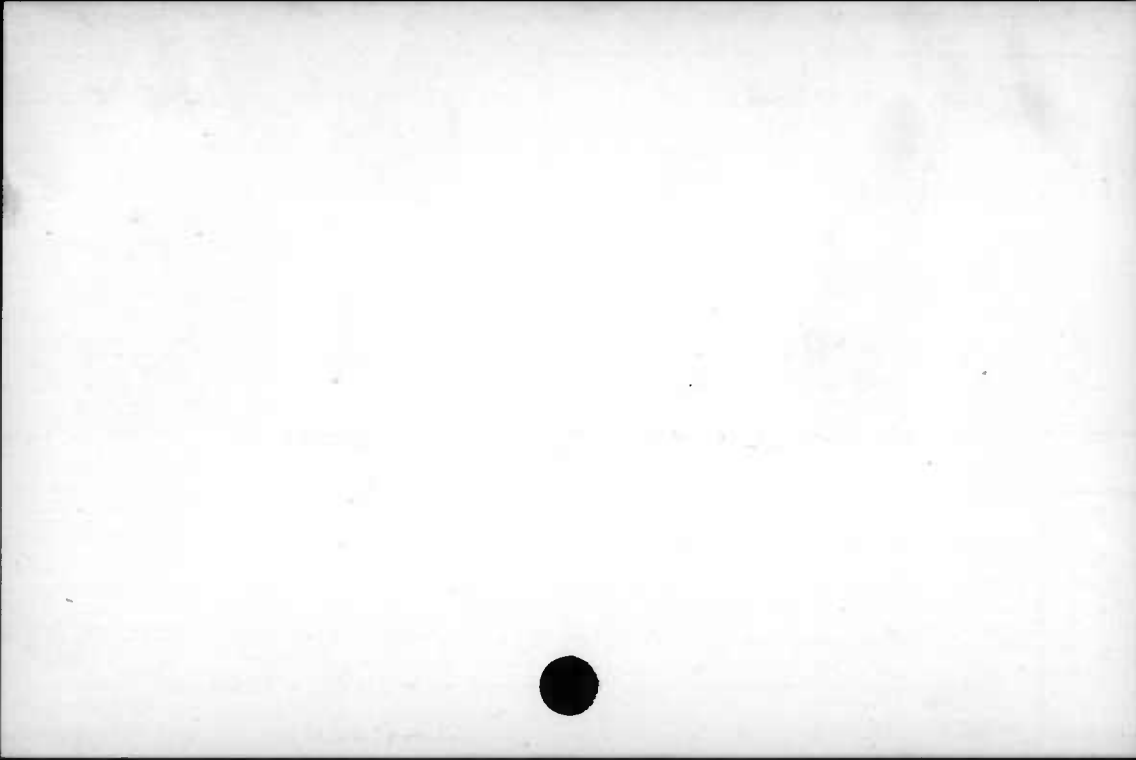
Signature of Physician

None in attendance

Address

J. M. Wickerson
Sub Reg.

Accident or Suicide?



Name
in
Full

Not Named

*Ben
Charles*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *White Plains* ^{Town}

Ben ^{County}

Date of death *1908*

Month *Jan*

Day *26*

Age *—* Years

Months *—*

Days *—*

Sex *Female*

Color or Race *Colored*

Birth-place *Md*

Occupation *—*

Where Residing if not at place of death *—*

Married, Single or Widowed *—*

Name of Wife or Husband *—*

Father's Name *Not Known*

Father's Birthplace *—*

Mother's Maiden Name *Ross Bean*

Mother's Birthplace *Md*

Name of person giving information *Lizzie Bean*

How related to deceased *Grand mother*

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary *Still Born*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *None in attendance*

Address *J. M. Hinkerson*

Accident or Suicide?

Sub Reg.

16



Name
in
Full

Evelin Irvine Blanchard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

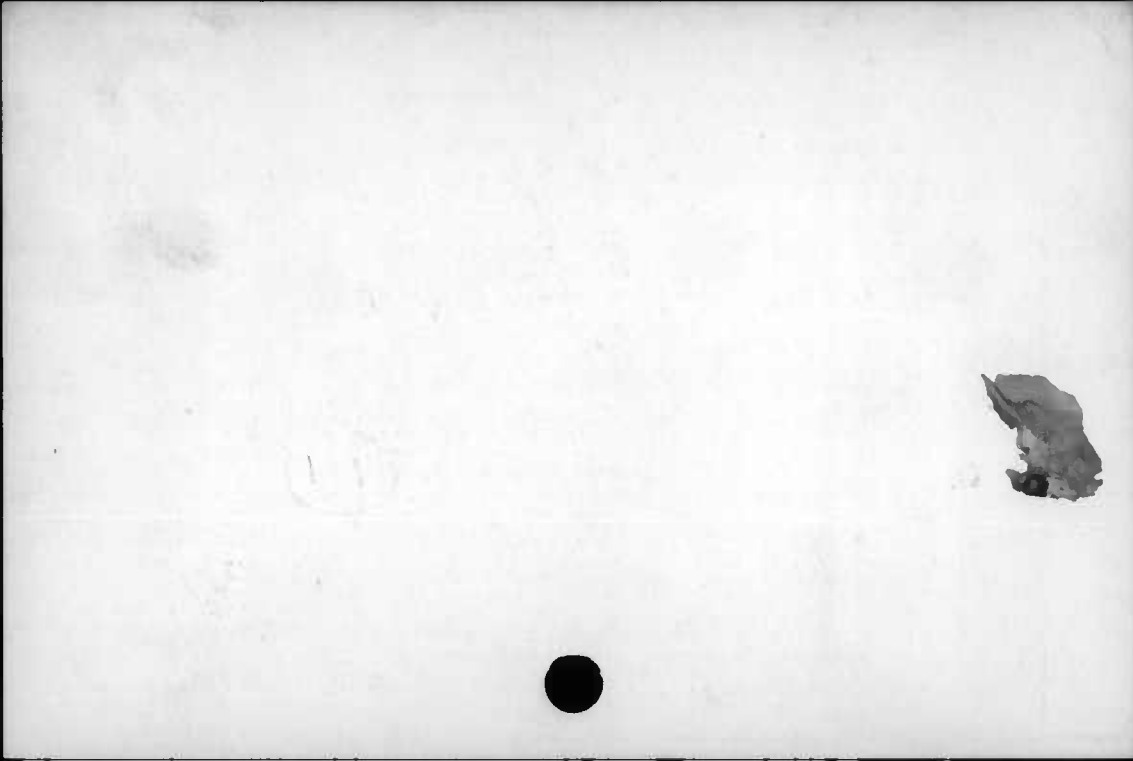
| | | | | | | | |
|---|----------------------------|-------------------|--|---|--------|----------------|--|
| Died at <i>Marshall Hall</i> | | Town <i>Charm</i> | | County | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>Jan</i> | Day <i>19</i> | Age | Years | Months | Days <i>12</i> | |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Marshall Hall Md</i> | | | | |
| Occupation | | | Where Residing if not at place of death <i>at place of death</i> | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name <i>Wm. W. Blanchard</i> | | | | Father's Birthplace <i>Marshall Hall Md</i> | | | |
| Mother's Maiden Name <i>Bertha D. Berry</i> | | | | Mother's Birthplace <i>Accorhick Md</i> | | | |
| Name of person giving information <i>Wm. W. Blanchard</i> | | | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|---|-----------------|
| Primary | <i>Acute Peritonitis</i> | How long | <i>12 days.</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. W. Mitchell M.D.</i> | |
| Yes - <i>Yes</i> | | Address <i>Pomoxing Md.</i> | |
| Accident or Suicide? <i>No</i> | | | |



Name
in
Full

Frank Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

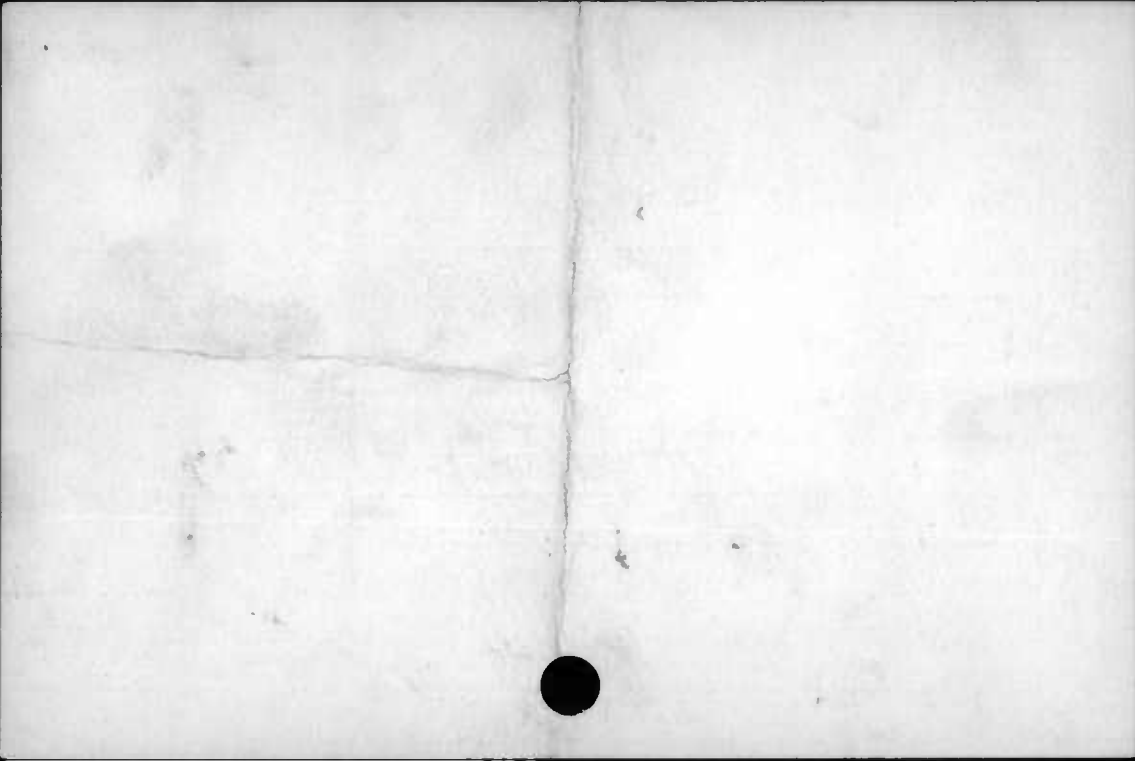
| | | | | | |
|--|--|---------------------------|-----------------|-------------------------|----------------|
| Died at <i>Pomfret</i> Town | | <i>Charles</i> County | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>1</i> | Day <i>1</i> | Age <i>50.</i> Years | Months Days |
| Sex <i>male</i> | Color or Race <i>Colored</i> | Birth-place <i>Ind</i> | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death — | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Ella Briscoe</i> | | | | |
| Father's Name <i>William Briscoe</i> | Father's Birthplace <i>Ind</i> | | | | |
| Mother's Maiden Name <i>Ella Briscoe</i> | Mother's Birthplace | | | | |
| Name of person giving information <i>Vincent Brooks</i> | How related to deceased <i>Brother in Law</i> | | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Pneumonia, Bright's Disease</i> | How long <i>3 weeks</i> |
| Immediate <i>Corruption of Stomach, Heart Failure</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>Paul L. Hammon</i> |
| <i>Yes</i> | Address <i>La Plata</i> |
| Accident or Suicide? | <i>Ind</i> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

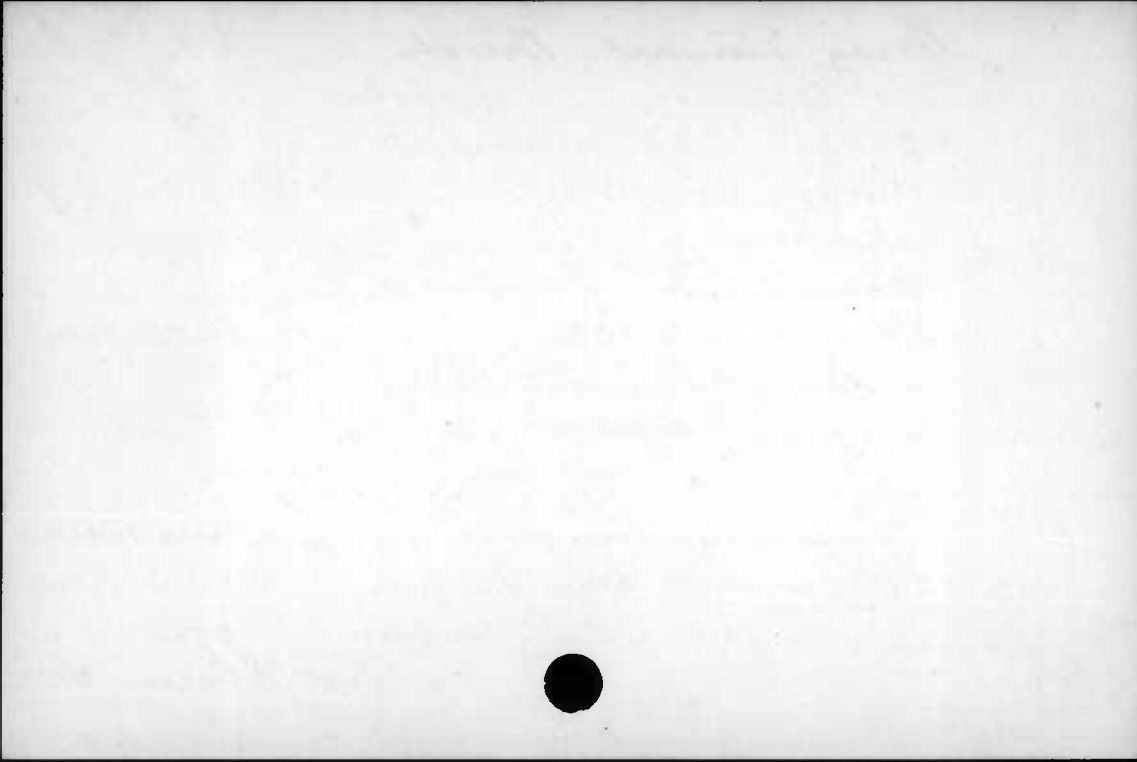
MARYLAND

Died at *Pomperun* Town *Chas* CountyDate of death *1908* *Jan* Month *26* Day *78* Age *78* Years *—* Months *—* DaysSex *Male* Color or Race *Colored* Birth-place *Chas Co*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Martha Brooks*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Bernard Brooks* How related to deceased *Son*

CAUSES OF DEATH

93

Primary *Pneumonia* How long *7 days*Immediate *Heart-failure* How long *7 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *R. Hampton*Address *La Plata*Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | | | |
|--|--|--|--|------------------------------|--|---------------------|--|
| Name in Full <i>John Gloyd Carter</i> | | Town <i>Newport</i> | | County <i>Chauce</i> | | | |
| Died at <i>Newport</i> | | | | | | | |
| Date of death <i>1908 Jan</i> | | Month <i>Jan</i> | | Day <i>4th</i> | | Age <i>11</i> | |
| Sex <i>male</i> | | Color or Race <i>colored</i> | | Birth-place <i>Chauce</i> | | Months <i>11</i> | |
| Occupation <i>none</i> | | Where Residing if not at place of death <i>Chauce</i> | | | | | |
| Married, Single or Widowed <i>single</i> | | Name of Wife or Husband <i>none</i> | | | | | |
| Father's Name <i>Alexander Carter</i> | | Father's Birthplace <i>Chauce</i> | | | | | |
| Mother's Maiden Name <i>Margie Jones</i> | | Mother's Birthplace <i>Chauce</i> | | | | | |
| Name of person giving information <i>A Carter</i> | | How related to deceased <i>Brother</i> | | | | | |

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

| | | | |
|--|--|--|--|
| Primary <i>Inflammatory Rheumatism</i> | | How long <i>three months</i> | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>W. S. Gales</i> | |
| <i>yes</i> | | Address <i>Stonies rd Ft. Bel</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Mary Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

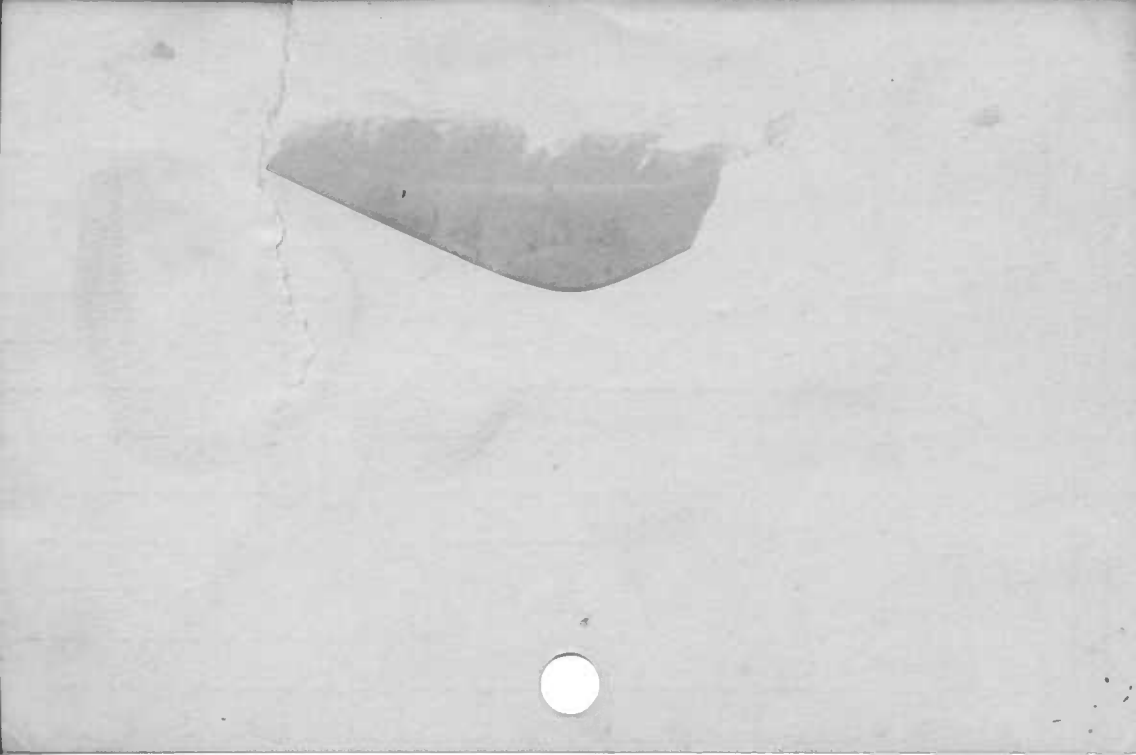
| | | | | | |
|--|----------------------------|----------------------------------|---------------------------------------|-----------------------------|-------------------------|
| Died at <i>Wanpaw</i> ^{Town} | | <i>Charles</i> ^{County} | | MARYLAND | |
| Date of death 190 <i>8</i> | <i>1</i> ^{Month} | <i>24</i> ^{Day} | Age | <i>11</i> ^{Months} | <i></i> ^{Days} |
| Sex <i>Female</i> | Color or Race <i>Black</i> | Birth-place <i>Ind</i> | | | |
| Married, Single or Widowed <i></i> | | | Occupation <i></i> | | |
| Name of Wife or Husband <i></i> | | | | | |
| Father's Name <i>Andrew Carter</i> | | | Father's Birthplace <i>Ind</i> | | |
| Mother's Maiden Name <i>Maggie Craig</i> | | | Mother's Birthplace <i>Ind</i> | | |
| Name of person giving information <i>Andrew Carter</i> | | | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pneumonia</i> | How long <i>6 days</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>James M. Wheller</i> |
| <i></i> | Address <i>Sub-Registrar</i> |
| Accident or Suicide? <i></i> | |



Name
in
Full

John Henry Scottrow Christmon

CERTIFICATE OF DEATH

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NEAREST FRIEND

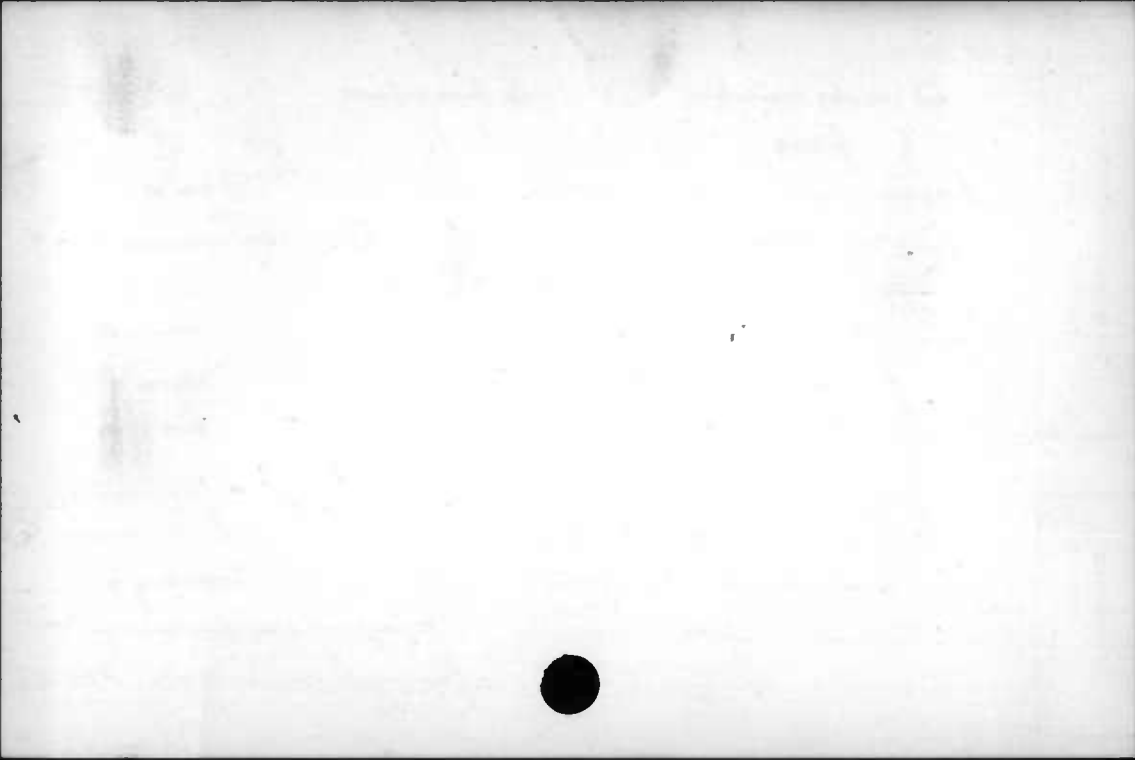
| | | | | | |
|--|---|--------------------------------------|--------------------------------|------------------------------|--|
| Died at <i>Duetsville</i> <small>Town</small> | | <i>Charles</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1908 Jan</i> <small>Month</small> | <i>25</i> <small>Day</small> | Age <i>27</i> <small>Years</small> | <i>—</i> <small>Months</small> | <i>—</i> <small>Days</small> | |
| Sex <i>Male</i> | Color or Race <i>American (White)</i> | Birth-place <i>St Mary's Co Md</i> | | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death <i>Duetsville</i> | | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Maggie Christmon</i> | | | | |
| Father's Name <i>Wm Henry Christmon</i> | Father's Birthplace <i>St Mary's Co Md</i> | | | | |
| Mother's Maiden Name <i>Anna Wheel</i> | Mother's Birthplace <i>" " "</i> | | | | |
| Name of person giving information <i>Abbie Langley</i> | How related to deceased <i>Sister in Law</i> | | | | |

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Blow on head by falling tree</i> | How long <i>—</i> |
| Immediate <i>Concussion of brain</i> | How long <i>Eleven hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>C. L. Cecil</i> |
| <i>as stated by applicant</i> | Address <i>Woomers Md</i> |
| Accident or suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

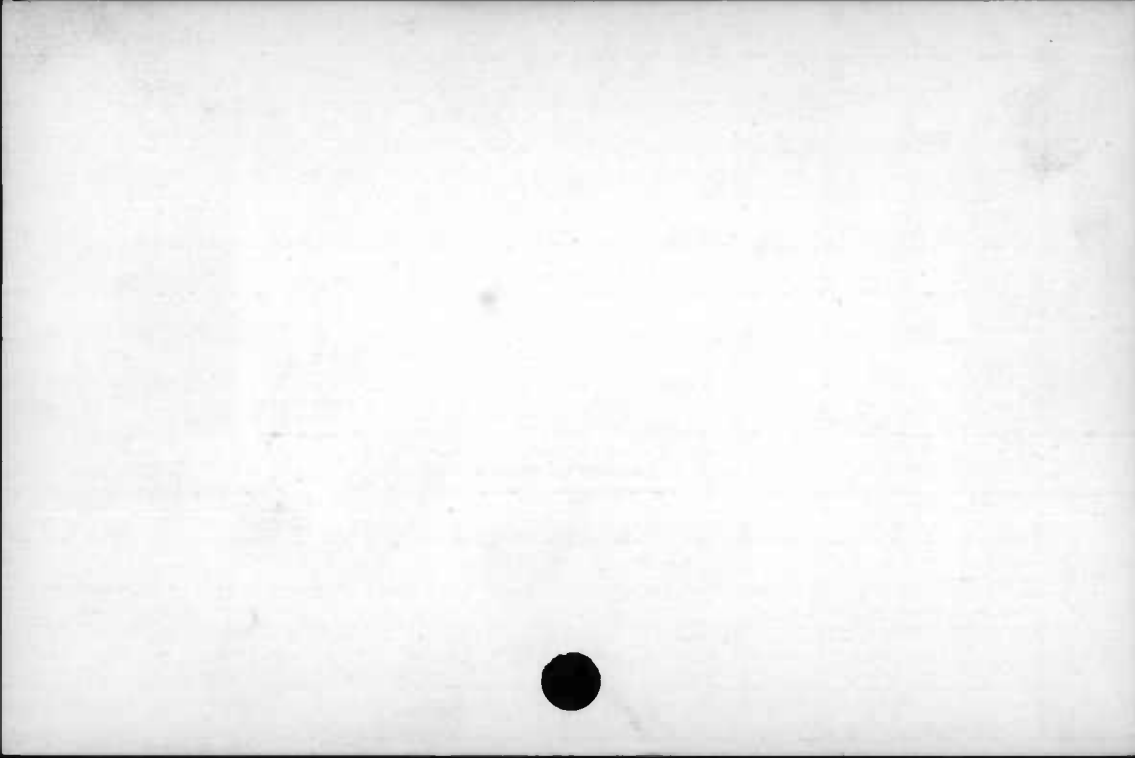
| | | | | | | | |
|---|--|---------------------|--|--------|--------|----------|--|
| Died at <i>Dentonville</i> | | Town <i>Chorles</i> | | County | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>June</i> | Day <i>3</i> | Age <i>5-1</i> | Years | Months | Days | |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Ind</i> | | | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>Dentonville Ind</i> | | | | |
| Married, Single or Widowed <i>Widow</i> | Name of Wife or Husband <i>Wm T. Cax</i> | | | | | | |
| Father's Name <i>F. A. Murphy</i> | Father's Birthplace <i>Ind</i> | | | | | | |
| Mother's Maiden Name <i>Jane Jackson</i> | Mother's Birthplace <i>Ind</i> | | | | | | |
| Name of person giving information <i>Lu Cax</i> | | | How related to deceased <i>Son</i> | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Consumption</i> | How long <i>18 mos</i> |
| Immediate <i>Pneumonia</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. C. Chapman</i> |
| | Address <i>Highway 1111 Ind</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

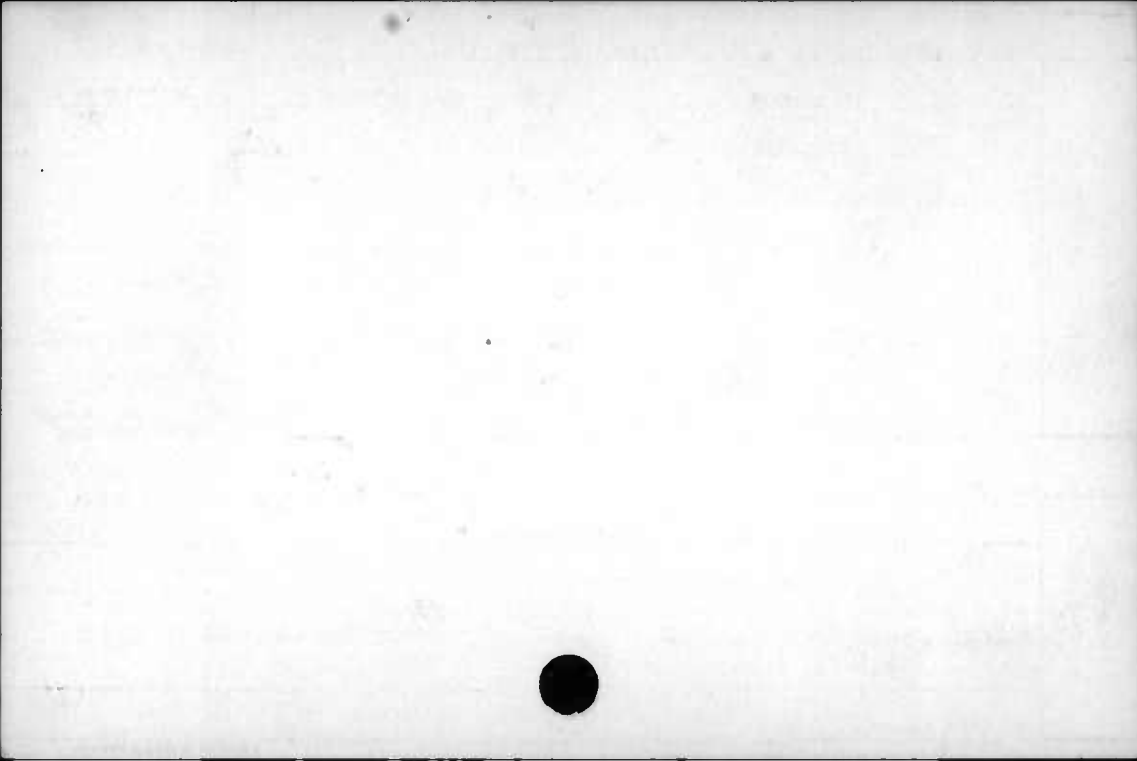
| | | | | | | | |
|--|--|---|--|-------------------------------|--|----------------------------|--|
| Name in Full <i>Emily Craig</i> | | Town <i>River Side</i> | | County <i>Charles</i> | | MARYLAND | |
| Died at <i>River Side</i> | | Month <i>January</i> | | Day <i>5</i> | | Age <i>75</i> | |
| Date of death <i>1908</i> | | Sex <i>Female</i> | | Color or Race <i>Black</i> | | Birth-place <i>Quol</i> | |
| Occupation <i>House work</i> | | Where Residing if not at place of death <i></i> | | | | | |
| Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>Nace Craig deceased</i> | | | | | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Unknown</i> | | | | | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Unknown</i> | | | | | |
| Name of person giving information <i>Margaret Hancock</i> | | How related to deceased <i>Niece</i> | | | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|--|---|--|
| Primary <i>Old age and general weakness</i> | | How long <i></i> | |
| Immediate <i>Sudden</i> | | How long <i></i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>James P. Wheeler</i> | |
| | | Address <i>Sub-Registrar</i> | |
| Accident or Suicide? <i>C</i> | | | |



Name
in
Full

Sarah B. Farrall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

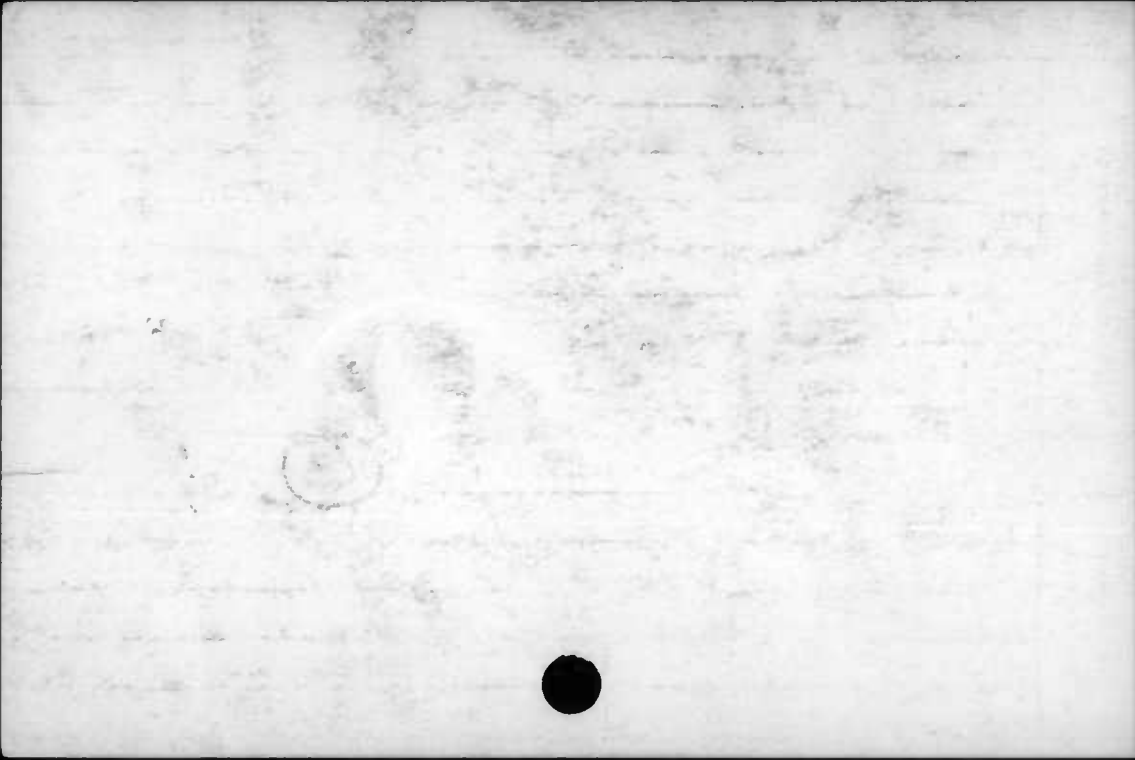
| | | | | | |
|---|---|----------------------------------|--|----------|-----------------|
| Died at <i>La Plata</i> ^{Town} | | <i>Charles</i> ^{County} | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>Jan</i> | Day <i>1st</i> | Age <i>61</i> | Years | Months <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | | Birth-place <i>Charles Co</i> | | |
| Occupation <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Thos. R. Farrall</i> | | | | |
| Father's Name <i>Hawkins Hancock</i> | Father's Birthplace <i>Charles Co</i> | | | | |
| Mother's Maiden Name <i>Sarah Swann</i> | Mother's Birthplace <i>Charles Co</i> | | | | |
| Name of person giving information <i>Thos. R. Farrall</i> | How related to deceased <i>Husband</i> | | | | |

CAUSES OF DEATH

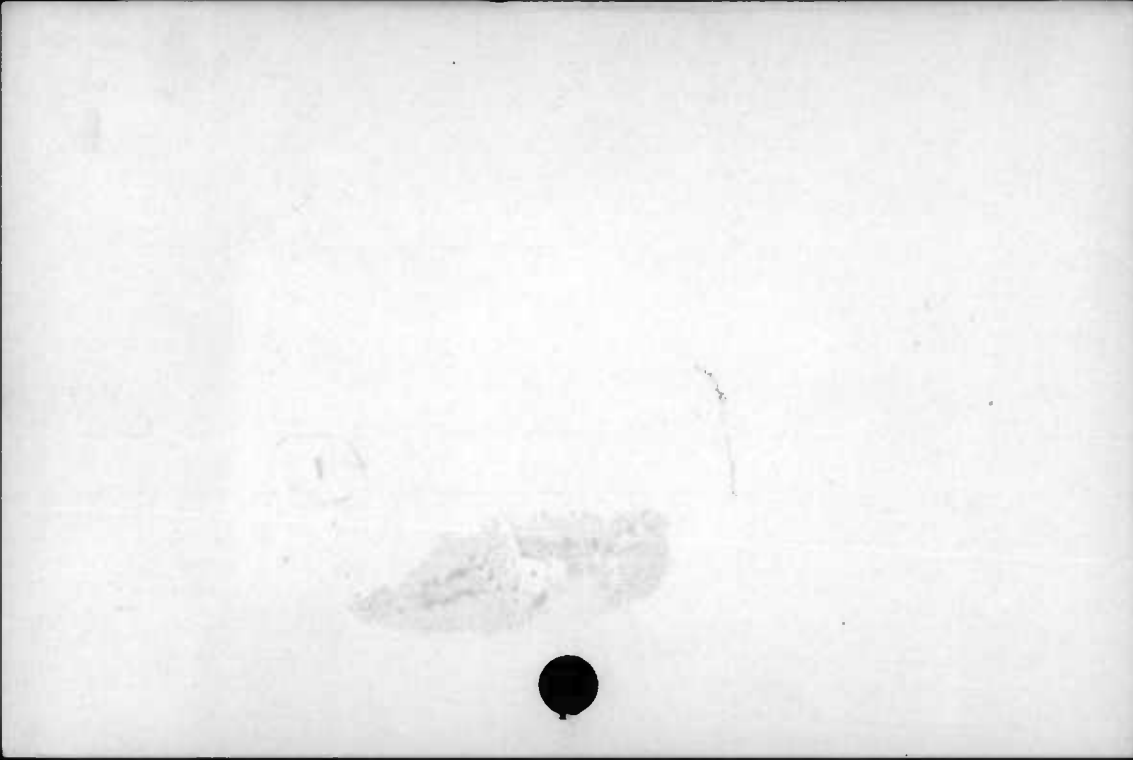
66

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>General Paresis</i> | How long <i>about 2 yrs</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Thos. S. Owen</i> |
| <i>9</i> | Address <i>La Plata</i> |
| Accident or Suicide? <i>No</i> | <i>md</i> |



| Name in Full | | Lillie Virginia French | | | | CERTIFICATE OF DEATH | |
|---|---|------------------------|-----|--|----------------------------|------------------------|-----------------|
| | | Town | | County | | MARYLAND | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Hagerstown | | Charles | | | |
| | Date of death | 1908 | Jan | 22 | Age | 6 | Months Days |
| | Sex | Female | | Color or Race | Black | | Birth- place |
| | Occupation | | | Where Residing if not at place of death | | Ind | |
| | Married, Single or Widowed | () | | Name of Wife or Husband | | () | |
| | Father's Name | Henry French | | | | Father's Birthplace | Ind |
| | Mother's Maiden Name | Addie French | | | | Mother's Birthplace | Ind |
| Name of person giving In formation | Jas Butler | | | | How related to deceased | Nephew | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">93</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Pneumonia | | | | How long | 5 or 6 days |
| | Immediate | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | Signature of Physician | James M. Wheeler | | |
| | Address | | | Sub-Registrar | | | |
| Accident or Suicide? LIBRARY BUREAU 433510 | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|-----------------------|----------------------|---------------|--|-------|-------------------------|----------------|
| Died at <i>Wear Balton</i> | | Town <i>Hamilton</i> | | County <i>Charles</i> | | MARYLAND | |
| Date of death | <i>1908</i> | Month <i>Jan</i> | Day <i>26</i> | Age | Years | Months | Days |
| Sex | <i>—</i> | | Color or Race | <i>White</i> | | Birth-place | <i>Ind</i> |
| Occupation | <i>—</i> | | | Where Residing if not at place of death <i>—</i> | | | |
| Married, Single or Widowed | <i>—</i> | | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name | <i>A. M. Hamilton</i> | | | | | Father's Birthplace | <i>Ind</i> |
| Mother's Maiden Name | <i>Ella Wilkerson</i> | | | | | Mother's Birthplace | <i>"</i> |
| Name of person giving information | <i>A. M. Hamilton</i> | | | | | How related to deceased | <i>Farther</i> |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|------------------------|--------------------------|
| Primary | <i>Still Born</i> | How long | <i>—</i> |
| Immediate | <i>—</i> | How long | <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician | <i>Now in attendance</i> |
| | | Address | <i>J. M. Wilkerson</i> |
| Accident or Suicide? | <i>—</i> | | <i>Sub Rec</i> |



| Name in Full | | Luther Hemley, | | | | CERTIFICATE OF DEATH | | |
|-------------------------------------|--|----------------|--------------------------------|------------|---|----------------------|---|-------------------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Chicamunson | | Charles | | MARYLAND | |
| | Date of death | | 1908 | Month Jan. | Day 20 | Age | Years 55 | Months <u> </u> Days <u> </u> |
| | Sex | | Male | | Color or Race | | Colored | |
| | Occupation | | Laborer | | Where Residing if not at place of death | | <u> </u> | |
| | Married, Single or Widowed | | Married | | Name of Wife or Husband | | 1 st Betty W. and. 2 nd Lulu Waters. | |
| | Father's Name | | Henry Hemley | | Father's Birthplace | | Charles Co. Md. | |
| | Mother's Maiden Name | | Unknown | | Mother's Birthplace | | Charles Co. Md. | |
| | Name of person giving information | | Geo. Milstead | | How related to deceased | | None | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | Tuberculosis - Rheumatism | | | | How long | 4 yrs. |
| | Immediate | | Anasarca, Pulmonary Congestion | | | | How long | 1 month. |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | Geo. C. Bicknell, | |
| | | | | | Address | | Pigah, Md. | |
| | Accident or Suicide? | | | | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Middleton Jones

Died at ^{Town} *Marbury*County *Charles*

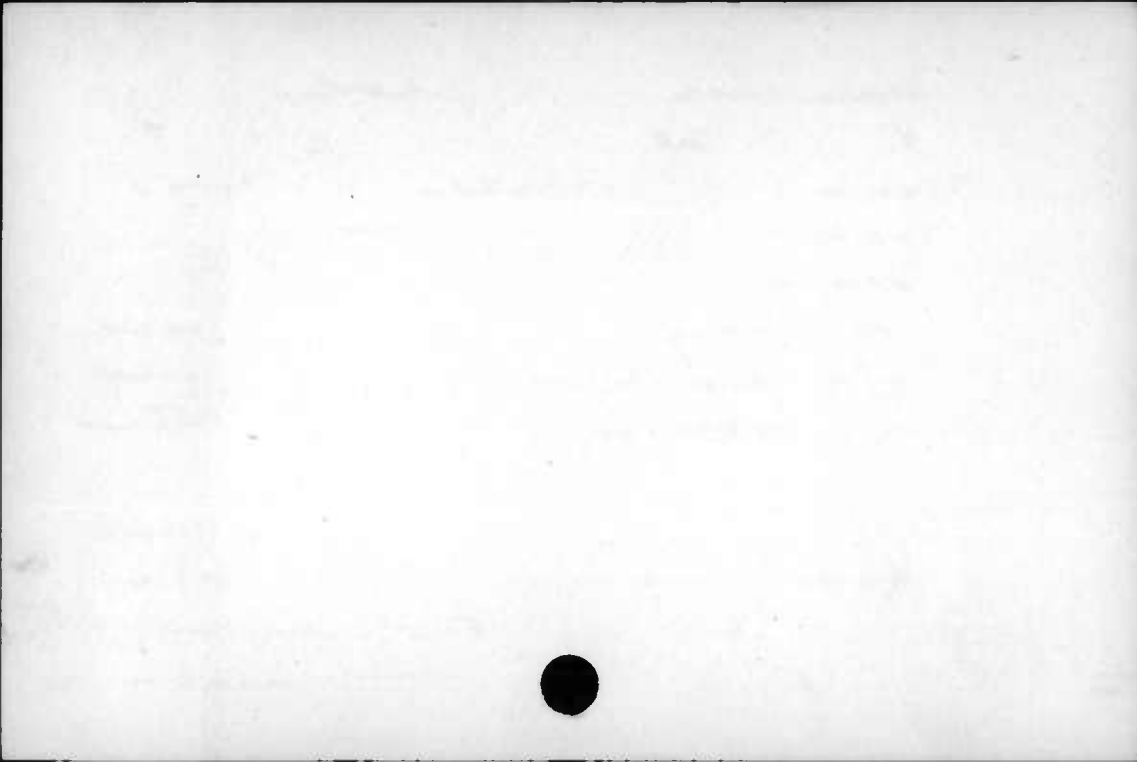
MARYLAND

Date of death *1908* ^{Month} *Jan.*Day *12*Age ^{Years} *about 40*Months *—*Days *—*Sex *Male*Color or Race *Colored*Birth-place *Charles Co. Md.*Occupation *Laborer*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *Nan Jones*Father's Name *John Jones*Father's Birthplace *Charles Co Md*Mother's Maiden Name *Emma Henson*Mother's Birthplace *" " "*Name of person giving information *William Jones*How related to deceased *Brother.*

CAUSES OF DEATH

56

PHYSICIAN
OR CORONERPrimary *Acute Alkalosis*How long *1 day*Immediate *Asphyxia*How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo. C. Bicknell*Address *Pisgah, Md.*Accident or Suicide? *Accident.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

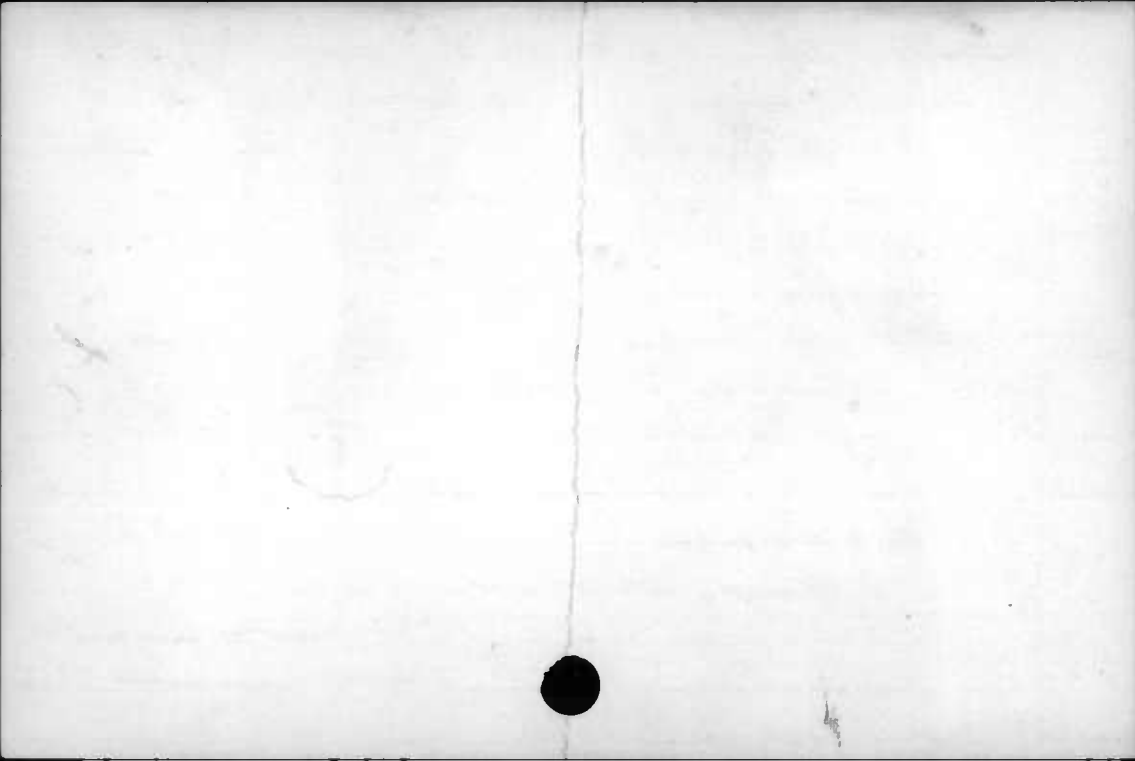
| | | | | | | | |
|---|----------------------------|---------------------------------------|--|-----------------------|-----------------|---------------|--|
| Died at <i>Brunswick</i> | | Town <i>King</i> | | County <i>Charles</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>1</i> | Day <i>28</i> | Age <i>—</i> | Years <i>—</i> | Months <i>1</i> | Days <i>—</i> | |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>md</i> | | | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Jos King</i> | | Father's Birthplace <i>md</i> | | | | | |
| Mother's Maiden Name <i>Bessie King</i> | | Mother's Birthplace <i>md</i> | | | | | |
| Name of person giving information <i>Jos King</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

87

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Cold</i> | How long <i>1 week</i> |
| Immediate <i>Heart-failure</i> | How long <i>2 da</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>H. C. Leppelund MD</i> |
| | Address <i>Stuyvesant</i> |
| Accident or Suicide? <i>9</i> | |



Name
in
Full

Infant - child of Flora G. Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

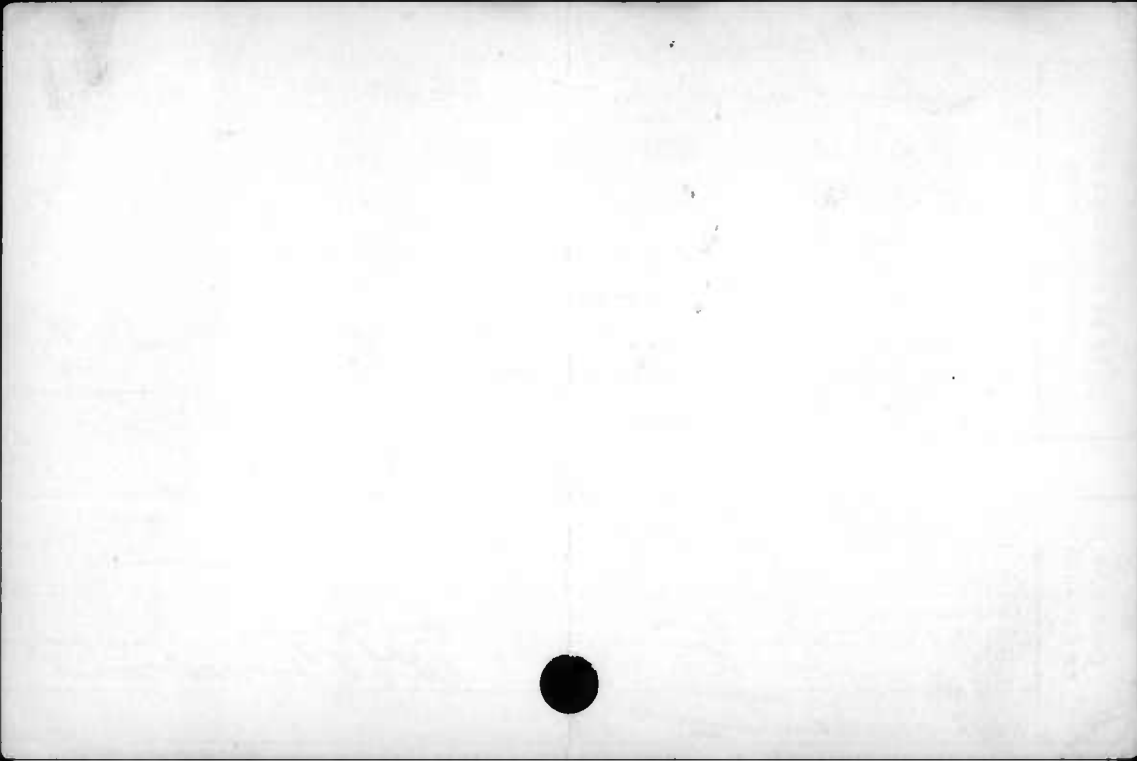
| | | | | | |
|--|----------------------------|-------------------------------------|--|-----------------|-----------------|
| Died at <i>near Benedict</i> | | County <i>Chesapeake</i> | | MARYLAND | |
| Date of death <i>1908</i> | Month <i>1</i> | Day <i>25</i> | Age <i>—</i> | Months <i>—</i> | Days <i>one</i> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Ind</i> | | |
| Occupation <i>None</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>None</i> | | | |
| Father's Name <i>Henry Love</i> | | | Father's Birthplace <i>Ind</i> | | |
| Mother's Maiden Name <i>Flora G. Love</i> | | | Mother's Birthplace <i>—</i> | | |
| Name of person giving information <i>J.E. Love</i> | | | How related to deceased <i>G. Father</i> | | |

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Spasms</i> | How long <i>one day</i> |
| Immediate <i>Strangulation</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>H. H. H. H. H.</i> |
| Accident or Suicide? <i>No</i> | Address <i>Kingman Island</i> |



Name
in
Full

Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cedar Point Neck^{County} KentDate
of death 1907

Month 1

Day 22

Age

Years

Months

Days

Sex Female

Color or
Race

Black

Birth-place Cedar Point Neck

Occupation None

Where Residing if not
at place of death

C. C. C.

Married, Single
or Widowed SingleName of Wife or
Husband

None

Father's Name Frank Marshall

Father's Birthplace Chesapeake

Mother's Maiden Name Maggie Jackson

Mother's Birthplace " " "

Name of person giving
information Frank MarshallHow related
to deceased Father

CAUSES OF DEATH

Primary Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

None

Address

W. H. T. Brown

Accident or Suicide?

Neither

W. F. Browner
Sub Reg

Name
in
Full

Two Marion Munch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

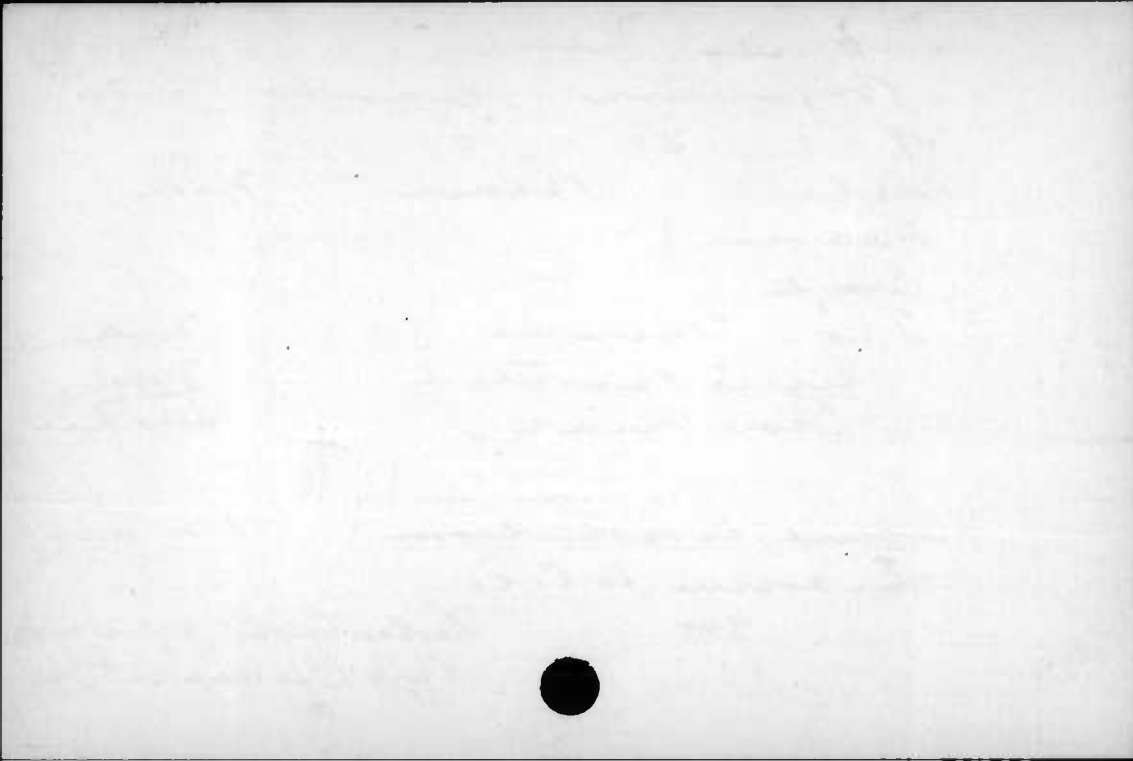
| | | | | | |
|---|--|---------------------------------------|-----------------|-----------------|---------------|
| Died at <i>Mar Wataon</i> <small>Town</small> | | <i>Locharlo</i> <small>County</small> | | MARYLAND • | |
| Date of death <i>1908</i> | Month <i>January</i> | Day <i>23</i> | Years <i>72</i> | Months <i>-</i> | Days <i>-</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | Birth-place <i>Maryland</i> | | | |
| Occupation <i>Lady</i> | Where Residing if not at place of death <i>at home</i> | | | | |
| Married, Single or Widowed <i>Widow</i> | Name of Wife or Husband <i>Sylvester Munch</i> | | | | |
| Father's Name <i>W. A. Munch</i> | Father's Birthplace <i>Maryland</i> | | | | |
| Mother's Maiden Name <i>Sophia Lynn</i> | Mother's Birthplace <i>Maryland</i> | | | | |
| Name of person giving information <i>J. C. Lowman</i> | How related to deceased <i>Cousin</i> | | | | |

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Pneumonia</i> | How long <i>8 days</i> |
| Immediate <i>Exhaustion</i> | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. O. Mose</i> |
| <i>No</i> | Address <i>Wataon Md</i> |
| Accident or Suicide? <i>No</i> | |



Name
in
Full

Thomas Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

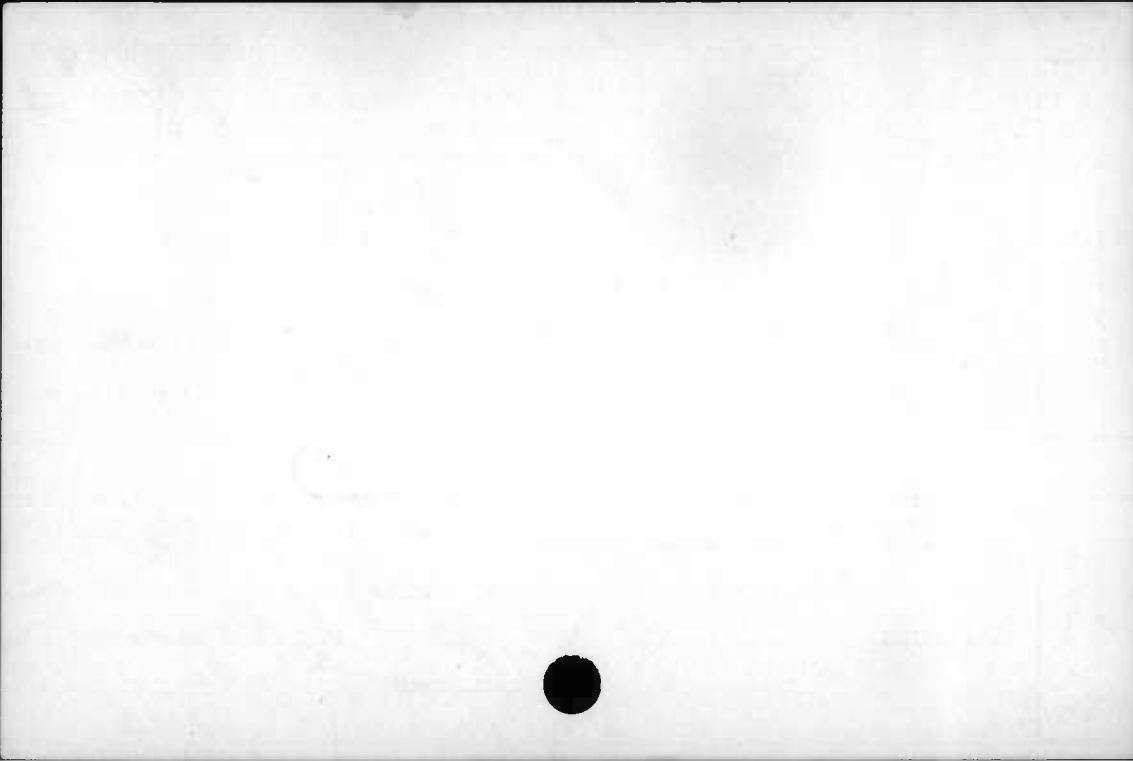
| | | | | | | | |
|--------------------------------------|-------------|-------------------|----------------------------|--|----------------------------|-----------------|------|
| Died at | | Town Bryantown | | County Cherokee | | MARYLAND | |
| Date of death | 1908 | Month 1 | Day 31 | Age 21 | Years | Months | Days |
| Sex | Male | | Color or Race | Black | | Birth- place | Ind |
| Occupation | Labourer | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | Thos Neal | | | | Father's Birthplace | Ind | |
| Mother's Maiden Name | Anne Butler | | | | Mother's Birthplace | Ind | |
| Name of person giving Information | Thos Neal | | | | How related to deceased | Father | |

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

| | | | |
|---|------------------|----------------|--------|
| Primary | Acute Alcoholism | How long | 12 hrs |
| Immediate | Exposure to Cold | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | H. L. Thompson | |
| Address | | Bryantown Ind | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|-----------------------------------|--|------------------------------------|-------|---------------|-----|--------|-------------------------|-------------|-------|
| Died at | | La Plata | | Charles | | County | | MARYLAND | |
| Date of death 190 | | 8 | Month | 1 | Day | 31. | Age | 54 | Years |
| Sex | | male | | Color or Race | | White | | Birth-place | |
| Married, Single or Widowed | | m | | Occupation | | Farmer | | | |
| Name of Wife or Husband | | Elizabeth C. Padgett (ne Abbotson) | | | | | | | |
| Father's Name | | James L Padgett | | | | | Father's Birthplace | | Ind |
| Mother's Maiden Name | | Susan Robey | | | | | Mother's Birthplace | | md |
| Name of person giving information | | James L Padgett | | | | | How related to deceased | | son |

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------------|------------------------|----------|
| Primary | Gastric Epithelioma. (Cancer) | How long | One year |
| Immediate | Aschemia. Heart failure | How long | One week |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes. | | J. L. Harmon | |
| | | Address | |
| | | La Plata. | |
| Accident or Suicide? | | Ind. | |



Name
in
Full

Eva Johanne Peterson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

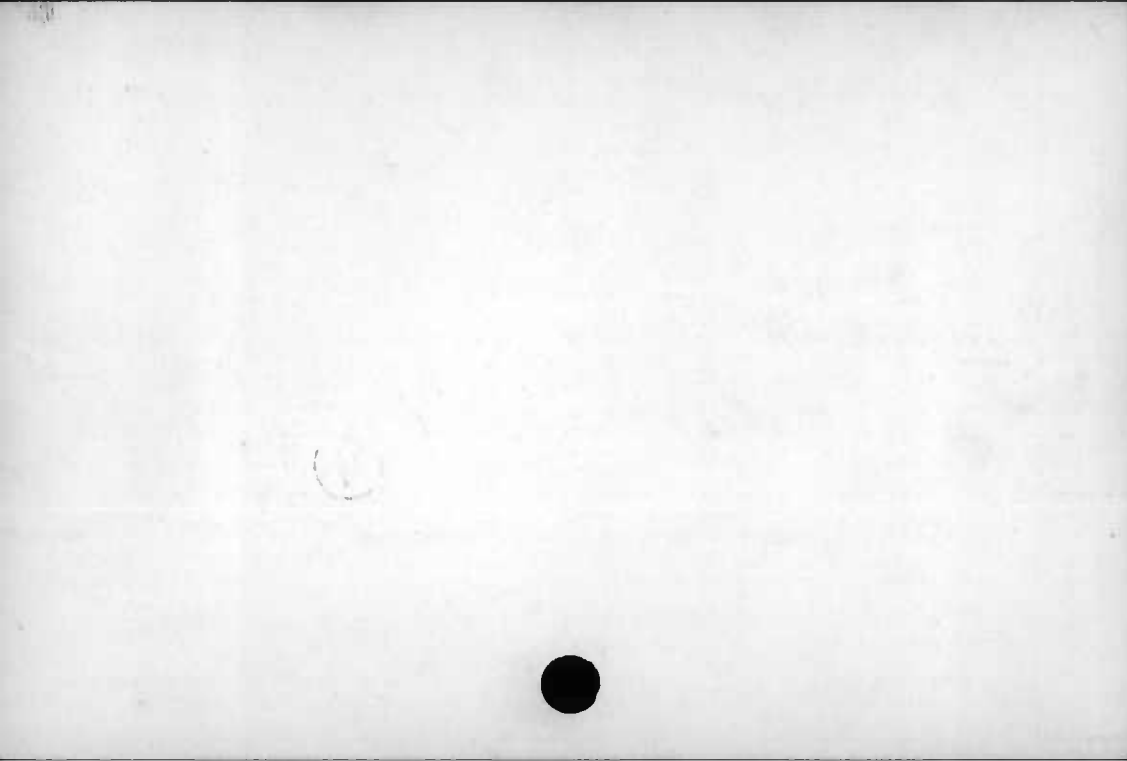
| | | | | | | | |
|--|------|--|-----|---------------------------------|----|----------|------|
| Died at <i>Perryman</i> | | Town <i>Perryman</i> | | County <i>Seaboard</i> | | MARYLAND | |
| Date of death | 1905 | Month | Jan | Day | 16 | Age | 3 |
| Sex <i>Female</i> | | Color or Race <i>white</i> | | Birth-place <i>Clinton Miss</i> | | Months | Days |
| Occupation <i>None</i> | | Where Residing if not at place of death <i>at place of death</i> | | | | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband <i>—</i> | | | | | |
| Father's Name <i>Andrew Peterson</i> | | Father's Birthplace <i>Denmark</i> | | | | | |
| Mother's Maiden Name <i>Maria Nilsson</i> | | Mother's Birthplace <i>Denmark</i> | | | | | |
| Name of person giving information <i>Albert Peterson</i> | | How related to deceased <i>None</i> | | | | | |

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------------|--|-----------------|
| Primary | <i>Membranous Laryngitis</i> | How long | <i>4 days -</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician <i>J. W. Mitchell</i> | |
| yes - <i>yes</i> | | Address <i>Perryman Md.</i> | |
| Accident or Suicide? <i>no</i> | | | |



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Clara Posey*Died at *Cross Roads* TownCounty *Charles*Date of death *1908 Jan* MonthDay *8*Age *43* Years

Months

Days

Sex *Female*

Color or Race

White

Birth-place

Cross Roads, Md

Occupation

House Wife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Berry Posey

Father's Name

Isaac Henderson

Father's Birthplace

Md

Mother's Maiden Name

Sarah Jones

Mother's Birthplace

Va

Name of person giving information

Robert Murdoch

How related to deceased

Wife

CAUSES OF DEATH

27

Primary

Rheumatism And Consump

How long

10 or 12 years

Immediate

time

How long

4 or 5 days

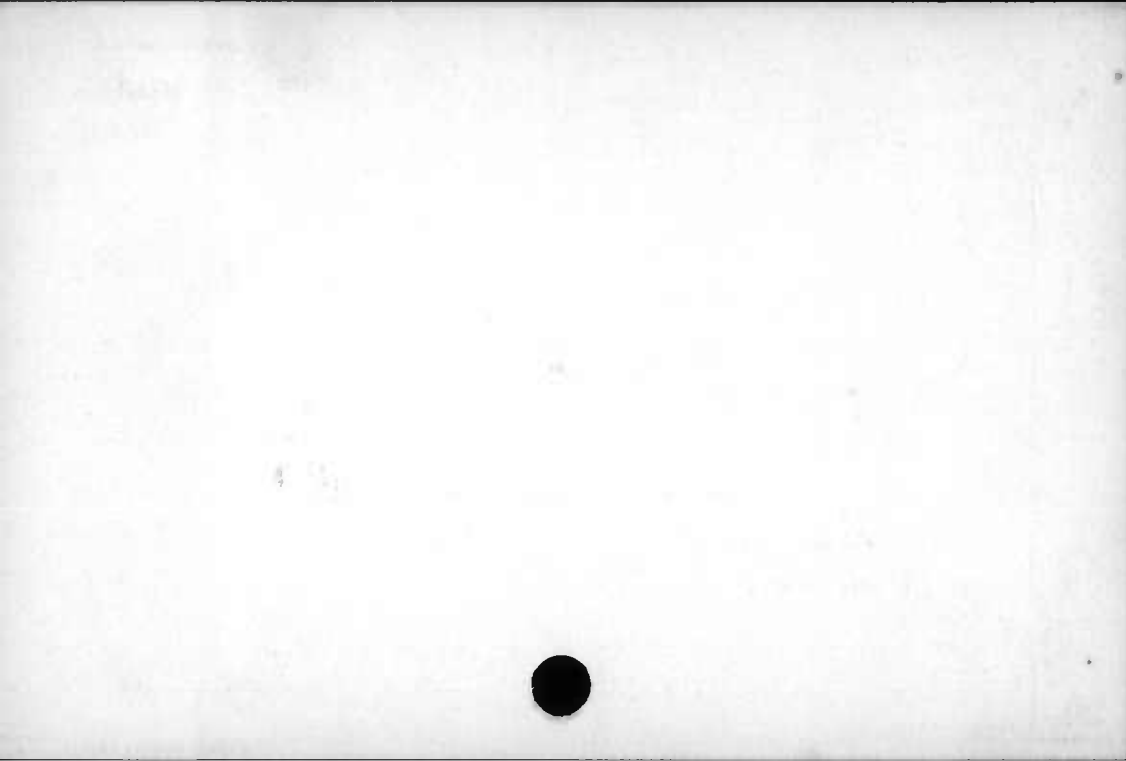
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*James M. Wheeler**Sub. Registrar*Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Samuel C Reeves

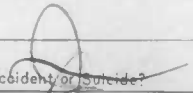
Died at ^{Town} near Waldorf ^{County} Charles

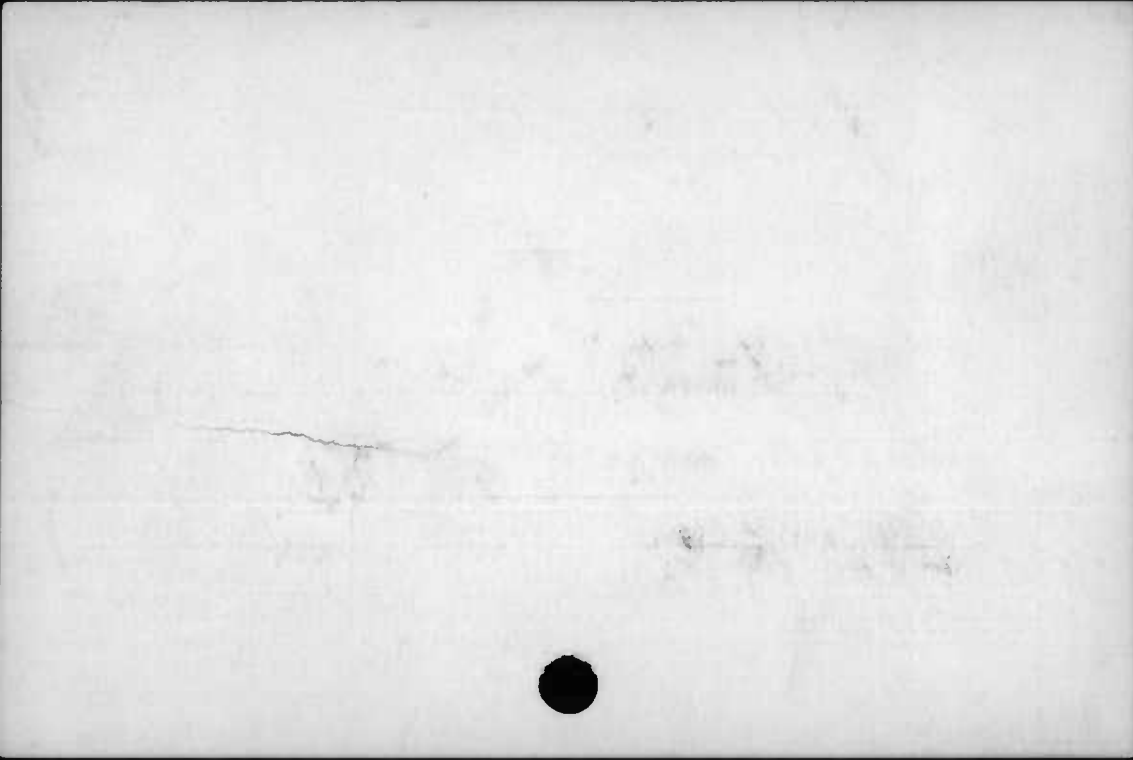
MARYLAND

Date of death 1908 ^{Month} Jan ^{Day} 16 ^{Years} Age 59 ^{Months} — ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} Washington D.C.Occupation Farm ^{Where Residing if not at place of death} At homeMarried, Single or Widowed Single ^{Name of Wife or Husband} —Father's Name Henry Reeves ^{Father's Birthplace} Washington D.C.Mother's Maiden Name Constance Preusse ^{Mother's Birthplace} MdName of person giving information H. W. Burnham ^{How related to deceased} none

CAUSES OF DEATH

81

PHYSICIAN
OR CORONERPrimary Arterio sclerosis ^{How long} Two YearsImmediate Heart failure ^{How long} —Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} J. O. Monnet^{Address} Waldorf Md.Accident or Suicide? 



| | | | |
|---|--|---|--|
| Name in Full <i>William Russell</i> | | CERTIFICATE OF DEATH | |
| Died at <i>Bury</i> Town | | <i>Whit</i> County | |
| Date of death <i>1905</i> Month <i>Jan</i> Day <i>9</i> | | Age <i>60</i> Years Months <i>—</i> Days <i>—</i> | |
| Sex <i>Male</i> | | Color or Race <i>Black</i> | |
| Occupation <i>Laborer</i> | | Birth-place <i>Va</i> | |
| Where Residing if not at place of death <i>at home</i> | | | |
| Married, Single or Widowed <i>married</i> | | Name of Wife or Husband <i>Mary Edelen</i> | |
| Father's Name <i>Unknown</i> | | Father's Birthplace <i>Va</i> | |
| Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>Va</i> | |
| Name of person giving information <i>James Washington</i> | | How related to deceased <i>Son</i> | |
| CAUSES OF DEATH 120 | | | |
| Primary <i>Bright's disease kidneys</i> | | How long <i>12 months</i> | |
| Immediate <i>Heart failure</i> | | How long <i>Short while</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>J. O. Thomas</i> | |
| Address <i>Waldorf</i> | | | |
| Accident or Suicide? <i>No</i> | | | |



Name
in
FullTO BE ANSWERED BY.
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

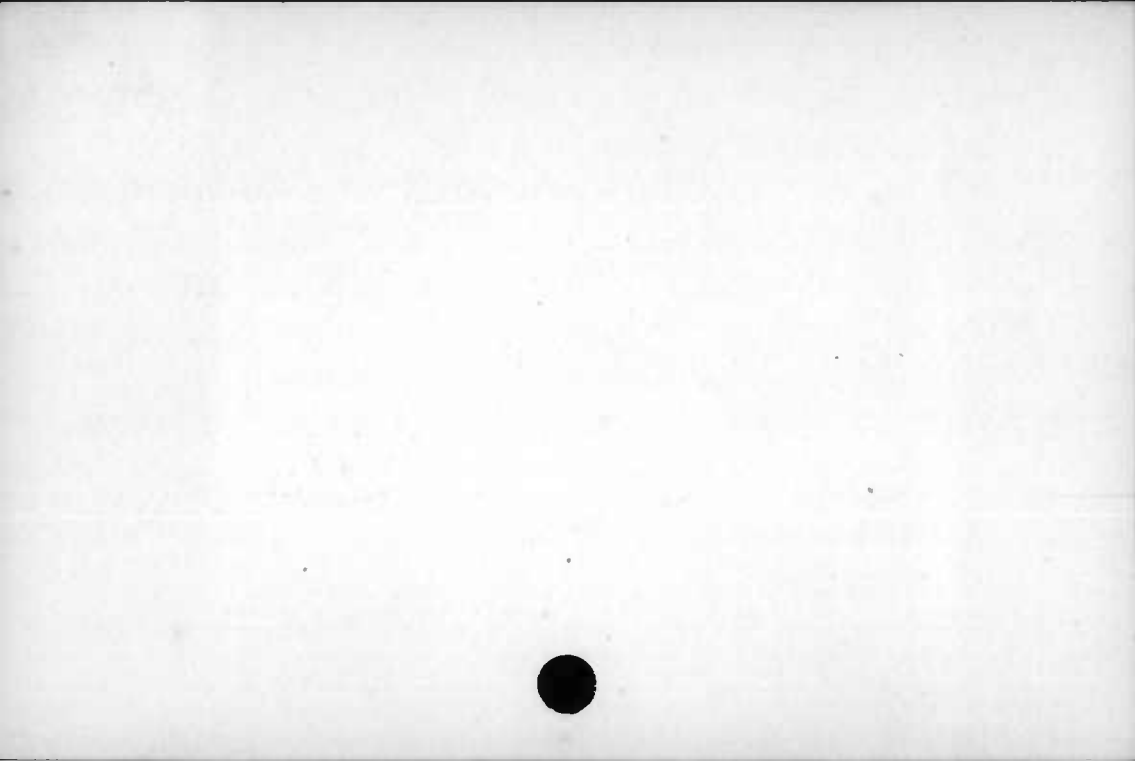
MARYLAND

| | | | | | |
|---|--|---|--------------|----------------|-----------------|
| Died at <i>Pison</i> | | Town <i>Chas.</i> | | County | |
| Date of death <i>1908 Jan 18</i> | Month <i>Jan</i> | Day <i>18</i> | Age <i>—</i> | Years <i>—</i> | Months <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>white</i> | Birth-place <i>Chas. Co Md.</i> | | | |
| Occupation <i>none</i> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>none</i> | | | | |
| Father's Name <i>J. L. Shivers</i> | Father's Birthplace <i>Washington Co Md.</i> | | | | |
| Mother's Maiden Name <i>Rosa Skriver</i> | Mother's Birthplace <i>New York</i> | | | | |
| Name of person giving information <i>Walter Shivers</i> | How related to deceased <i>Brother</i> | | | | |

CAUSES OF DEATH

179

| | |
|---|--|
| Primary <i>Obscure</i> | How long <i>—</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>None in attendance</i> |
| <i>Chas. D. Carpenter</i> | Address <i>Pisgah Chas. Co. Md.</i> |
| Accident or Suicide? <i>Sub. Registrar</i> | |



Name
in
Full

Mary Thompson

CERTIFICATE OF DEATH

Died at ^{Town} *Perryway*County *Charles*

MARYLAND

Date
of death *1908*Month *Jan*Day *30*Age *37*Years *—*Months *—*Sex *Female*Color or
Race *Colored*Birth-
place *Perryway Ind*Occupation *House wife*Where Residing if not
at place of death *at place of death*Married, Single
or Widowed *Married*Name of Wife or
Husband *Charles Thompson*Father's
Name *Alfred Dyson*Father's
Birthplace *Accothland*Mother's
Maiden Name *Elizabeth Lyles*Mother's
Birthplace *" "*Name of person giving
Information *Mrs. Jackson*How related
to deceased *Cousin*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis*How long *One year*

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. W. Mitchell M.D.*

Address

Perryway Ind.

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

John Thomas Welch

Town

Pisgah

County

Charles

Died at

Date

of death 1908

Month

Jan

Day

8

Age

Years

41

Months

00

Days

00

Sex

Male

Color*or
Race

Irish

Birth-
place

Charles Co. Md.

Occupation

Laborer

Where Residing if not
at place of death

000000

Married, Single
or Widowed

Married

Name of Wife or
Husband

Bertha E. Welch

Father's
Name

J. J. Welch

Father's
Birthplace

Char. Co Md.

Mother's
Maiden Name

Mary E. Davis

Mother's
Birthplace

Char. Co Md.

Name of person giving
information

Allison Bowie

How related
to deceased

Step-son.

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Nephritis Multiple Neuritis

How long

5 years

Immediate

Croupous Pneumonia Uremia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

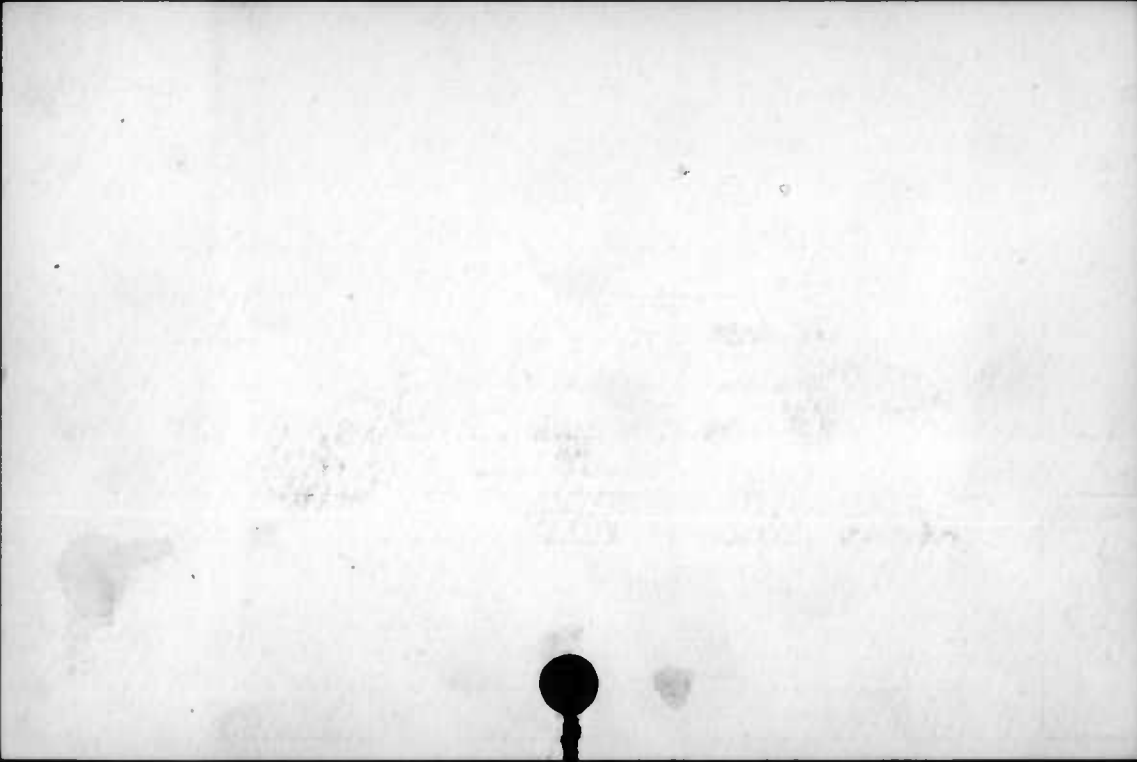
Signature of
Physician

Geo. E. Bicknell

Address

Pisgah, Md.

Accident or Suicide?



Name
in
Full

Robert L Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | |
|--------------------------------------|---------------------|---------------------------|-------|---|----------|-----|-------------------------|--------|---|--------|---|------|---|
| Died at ^{Town} near Waldorf | | ^{County} Charles | | MARYLAND | | | | | | | | | |
| Date of death | 1908 | Month | Jan | Day | 19 | Age | — | Years | — | Months | 6 | Days | — |
| Sex | male | Color or Race | White | Birth-place | Maryland | | | | | | | | |
| Occupation | — | | | Where Residing if not at place of death | | | | | | | | | |
| Married, Single or Widowed | single | | | Name of Wife or Husband | | | | | | | | | |
| Father's Name | Mandeville Williams | | | | | | Father's Birthplace | Ind | | | | | |
| Mother's Maiden Name | Susie Taylor | | | | | | Mother's Birthplace | Ind | | | | | |
| Name of person giving information | Mandeville Williams | | | | | | How related to deceased | Father | | | | | |

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

| | | | |
|--|------------|------------------------|--------------|
| Primary | Cerebritis | How long | Two weeks |
| Immediate | Exhaustion | How long | Short time |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | G. O. Monroe |
| | | Address | Waldorf Ind |
| Accident or Suicide? | Ind | | |

